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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/813,230	03/31/2004	Alan Frank Graves	14659	3858
293	7590	01/29/2010		
DOWELL & DOWELL P.C. 103 Oronoco St. Suite 220 Alexandria, VA 22314			EXAMINER	
			MOLINA, ANITA C	
			ART UNIT	PAPER NUMBER
			3626	
MAIL DATE	DELIVERY MODE			
01/20/2010	PAPER			

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No. 10/813,230	Applicant(s) GRAVES ET AL.
	Examiner ANITA MOLINA	Art Unit 3626

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --
Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
 - If no period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
 - Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
- Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) Responsive to communication(s) filed on 01 January 1941.
- 2a) This action is FINAL. 2b) This action is non-final.
- 3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) Claim(s) 1-41 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) Claim(s) _____ is/are allowed.
- 6) Claim(s) 1-41 is/are rejected.
- 7) Claim(s) _____ is/are objected to.
- 8) Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) The specification is objected to by the Examiner.
- 10) The drawing(s) filed on _____ is/are: a) accepted or b) objected to by the Examiner.
 Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
 Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) All b) Some * c) None of:
1. Certified copies of the priority documents have been received.
 2. Certified copies of the priority documents have been received in Application No. _____.
 3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- 1) Notice of References Cited (PTO-892)
- 2) Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) Information Disclosure Statement (PTO/SB/08) _____
 Paper No(s)/Mail Date 10/13/2009
- 4) Interview Summary (PTO-413)
 Paper No(s)/Mail Date. _____
- 5) Notice of Informal Patent Application _____
- 6) Other: _____

DETAILED ACTION

Notice to Applicant

The following is a final action on the merits. In the amendment filed 10/23/2009, the following occurred: claims 1-41 are pending, claims 9 and 10 are amended.

Response to Amendment

The amendment filed 10/23/2009 has been entered.

Claim Rejections - 35 USC § 103

1. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

2. Claims 1-2, 5-6, 8-9, 20-21, 23-24, and 30-40 are rejected under 35 U.S.C. 103(a) as being unpatentable over US 2004/0068421 to Drapeau et al, hereinafter, Drapeau in view of US 5,867,821 to Ballantyne et al, hereinafter, Ballantyne.

As per claim 1, Drapeau teaches **an architecture for delivery of communications services within a hospital, comprising:**

-a set of healthcare data processing resources for providing healthcare communications services to users at a plurality of delivery points throughout the hospital (see: clinical application server, paragraph 20);

-a set of non-healthcare data processing resources for providing non-healthcare communications services to the users at the plurality of delivery points (see: paragraphs 20 and 21);

-a data routing entity connected to the healthcare data processing resources and to the non-healthcare data processing resources (see: linking device, paragraph 21);

-a common access infrastructure connected between the data routing entity and the plurality of delivery points, for supporting both the healthcare communications services and the non-healthcare communications services (see: patient station, paragraph 20);

Drapeau fails to teach **the data routing entity being operative to control access by the users at the plurality of delivery points to the healthcare data processing resources and to the non-healthcare data processing resources.**

Ballantyne teaches controlling access by users at various access points to a master library that includes access to health care services and entertainment services (see: column 9, 54-67 and column 8, lines 7-64). It would have been obvious to one of ordinary skill in the art to include in the integrated patient station of Drapeau, the controlled access as taught by Ballantyne because the claimed invention is merely a combination of old elements, and in the combination, each element merely would have performed the same function as it did separately, and one of ordinary skill in the art would have recognized that the results of the combination were predictable.

As per claim 2, Drapeau teaches the claimed architecture, **wherein the healthcare communications services and the non-healthcare communications services delivered to a common one of the delivery points occupy the common access infrastructure during mutually exclusive periods of time** (see: paragraph 20).

As per claim 5, Drapeau teaches the claimed architecture, **wherein, at a given time instant, healthcare communications services are being delivered to a first subset of the plurality of delivery points while non-healthcare communications services are being delivered to a second subset of the plurality of delivery points** (see: patient stations 201, paragraph 19 and Figure 2).

As per claim 6, Drapeau teaches the claimed architecture, **wherein the healthcare data processing resources comprise a plurality of healthcare application servers for running clinical software** (see: clinical servers 237, paragraph 20).

As per claim 8, Drapeau fails to specifically teach the claimed architecture, **wherein the healthcare data processing resources comprise a healthcare authentication entity for authenticating users at the delivery points claiming to be healthcare users.** Ballantyne teaches a security screening access process (see: column 8, lines 7-64). It would have been obvious to one of ordinary skill in the art to include in the integrated patient station of Drapeau, the controlled access as taught by Ballantyne for the same reasons set forth for claim 1.

As per claim 9, the architecture defined in claim 8, **wherein the non-healthcare data processing resources comprise a non-healthcare authentication entity for authenticating users at the delivery points claiming to be non-healthcare users.** Ballantyne teaches a security screening access process for both patients and physicians (see: column 8, lines 7-64 and column 9, lines 54-67). It would have been obvious to one of ordinary skill in the art to include in the integrated patient station of Drapeau, the controlled access as taught by Ballantyne for the same reasons set forth for claim 1.

As per claim 20, Drapeau fails to specifically teach the claimed architecture, **wherein the non-healthcare data processing resources comprise a digital entertainment head end for controlling delivery to the delivery points of received digital entertainment services.** Ballantyne teaches digital video available for patient entertainment through the network (see: at least column 4, lines 23-51). It would have been obvious to one of ordinary skill in the art to include in the integrated patient station of Drapeau, the digital entertainment services as taught by Ballantyne for the same reasons set forth for claim 1.

As per claim 21, Drapeau fails to specifically teach the claimed architecture, **wherein the non-healthcare communications services comprise patient entertainment services.** Ballantyne teaches patient entertainment through the network (see: at least column 9, lines 54-67). It would have been obvious to one of ordinary skill in the art to include in the integrated patient station of Drapeau, the entertainment services as taught by Ballantyne for the same reasons set forth for claim 1.

As per claim 23, Drapeau teaches the claimed architecture, **wherein the non-healthcare data processing resources comprise an Internet gateway** (see: paragraph 18).

As per claim 24, Drapeau teaches the claimed architecture, **wherein the non-healthcare data processing resources comprise a patient information server for allowing access to patient information services** (see: paragraph 20).

As per claim 30, Drapeau fails to specifically teach the claimed architecture, **wherein the access infrastructure comprises a partly wireless infrastructure**. Ballantyne teaches connecting a master library to access points via landline communications, satellite, or wireless communications (see: at least column 6, lines 47-53). It would have been obvious to one of ordinary skill in the art to include in the integrated patient station of Drapeau, the wireless infrastructure as taught by Ballantyne for the same reasons set forth for claim 1.

As per claims 31-36, they are rejected for the same reasons set forth for claim 30. It is noted that cable infrastructure limitations are all old, well-known, and obvious variations of landline communications taught by Ballantyne.

As per claim 37, Drapeau teaches the claimed architecture, **further comprising: -a telephony head end connected to the access infrastructure and operative to exchange telephony signals via the access infrastructure used to support both the healthcare communications services and the non-healthcare communications services** (see: paragraph 19).

As per claim 38, Drapeau teaches the claimed architecture, **wherein the telephony signals are digital telephony signals** (see: paragraph 19). The examiner also notes that it is old and well known to use digital telephony signals.

As per claim 39, Drapeau fails to specifically teach the claimed architecture, **wherein the telephony signals occupy a first frequency range and wherein the healthcare communications services and the non- healthcare communications services occupy a second frequency range different from the first frequency range**. Ballantyne teaches using different frequency bandwidths for different purposes (see: column 6, lines 32-46). It would have been obvious to one of ordinary skill in the art to include in the integrated patient station with telephony system of Drapeau, the different frequencies for different purposes as taught by Ballantyne for the same reasons set forth for claim 1.

As per claim 40, it is rejected for the same reasons set forth for claim 39.

3. Claims 3-4 are rejected under 35 U.S.C. 103(a) as being unpatentable over US 2004/0068421 to Drapeau in view of US 5,867,821 to Ballantyne and in view of US 2002/0144144 to Weiss et al, hereinafter, Weiss.

As per claim 3, Drapeau fails to specifically teach the claimed architecture, **wherein the healthcare communications services and the non-healthcare communications services delivered to a common one of the delivery points occupy the common access infrastructure contemporaneously**. Weiss teaches a single VPN device that can be shared by two customers to make two separate VPN

connections (see: at least abstract and paragraph 38). It would have been obvious to one of ordinary skill in the art to include in the integrated patient station of Drapeau, the shared VPN device as taught by Weiss because the claimed invention is merely a combination of old elements, and in the combination, each element merely would have performed the same function as it did separately, and one of ordinary skill in the art would have recognized that the results of the combination were predictable.

As per claim 4, Drapeau teaches the claimed architecture, **wherein the healthcare communications services and the non-healthcare communications services delivered to a common one of the plurality of delivery points are delivered over distinct logical connections sharing the common access infrastructure** (see: servers 317 and communications interface 319, paragraph 21).

4. Claim 7 is rejected under 35 U.S.C. 103(a) as being unpatentable over US 2004/0068421 to Drapeau in view of US 5,867,821 to Ballantyne and in view of Jan Metzger and Fran Turisco (reference 2 on 09/03/04 IDS), hereinafter, Metzger.

As per claim 7, Drapeau fails to specifically teach the claimed architecture, **wherein the healthcare communications services comprise a computerized physician order entry service**. Metzger et al teaches a computerized physician order entry system (see: pages 1-38, specifically page 7). It would have been obvious to one of ordinary skill in the art to include in the integrated patient station of Drapeau, the computerized physician order entry as taught by Metzger because the claimed invention is merely a combination of old elements, and in the combination, each element merely

would have performed the same function as it did separately, and one of ordinary skill in the art would have recognized that the results of the combination were predictable.

5. Claims 10-19 and 25-29 are rejected under 35 U.S.C. 103(a) as being unpatentable over US 2004/0068421 to Drapeau in view of US 5,867,821 to Ballantyne and in view of US 6,067,623 to Blakley, III et al, hereinafter, Blakley.

As per claim 10, Drapeau fails to specifically teach the claimed architecture, **the data routing entity further comprising an access controller operative to:**

-receive an authentication request message comprising user credentials and a user class regarding a user at a given one of the plurality of delivery points;

-determine, based on the user class, a destination authentication entity from between the healthcare authentication entity and the non-healthcare authentication entity;

-release the user credentials towards the destination authentication entity for authentication of the user.

Blakley teaches a middle tier server (access controller) (see: Figure 1, 120) that detects a request for resource access with client credentials (see: column 4, lines 55-57), determines the destination by mapping the authenticated user id to an id for the resource using an id map file (see: column 5, lines 7-16), and releases the transformed id to the resource for a secondary authentication of the user (see: column 5, lines 17-22). It would have been obvious to one of ordinary skill in the art to include in the integrated patient station of Drapeau, the authentication routing as taught by Blakley

because the claimed invention is merely a combination of old elements, and in the combination, each element merely would have performed the same function as it did separately, and one of ordinary skill in the art would have recognized that the results of the combination were predictable.

As per claim 11, Drapeau fails to specifically teach the claimed architecture, **the access controller further operative to receive from the destination authentication entity an indication of successful or unsuccessful authentication of the user by the destination authentication entity**. Blakley teaches that once authenticated, the original client request will be forwarded to the resource for action (see: column 5, lines 20-21). It would have been obvious to one of ordinary skill in the art to include in the integrated patient station of Drapeau, the authentication routing as taught by Blakley for the same reasons set forth for claim 10.

As per claim 12, as noted above, Drapeau teaches the **establishment of a connection for the delivery of a healthcare communications service from the healthcare data processing resources or a non-healthcare communications service from the non-healthcare data processing resources, in dependence upon the user class corresponding to the user** (see: paragraphs 20 and 21). Drapeau fails to specifically teach **the access controller being further operative to respond to successful authentication of the user by the destination authentication entity by causing establishment of a connection**. Blakley teaches the original client request will be forwarded to the resource for action (see: column 5, lines 20-21). It would have been obvious to one of ordinary skill in the art to include in the integrated patient station

of Drapeau, the authentication routing as taught by Blakley for the same reasons set forth for claim 10.

As per claim 13, Drapeau fails to specifically teach the claimed architecture, **wherein the user class corresponding to the user belongs to a set comprising at least a healthcare user class and a non-healthcare user class.** Ballantyne teaches various levels of security access (see: column 8, lines 7-10) and categorizes a user as patient or as medical personnel (see: column 9, lines 54-57). It would have been obvious to one of ordinary skill in the art to include in the integrated patient station of Drapeau, the categorized access levels as taught by Ballantyne for the same reasons set forth for claim 1.

As per claim 14, Drapeau fails to specifically teach the claimed architecture, **the access controller being further operative to respond to successful authentication of the user by the destination authentication entity by causing establishment of a connection for the delivery of either a healthcare communications service if the user is determined to belong to the healthcare user class, or a non-healthcare communications service if the user is determined to belong to the non-healthcare user class.** This limitation is met by Blakley's id map file (see: column 5, lines 7-16) and Ballantyne's categories (see: column 9, lines 54-57) as described above. It would have been obvious to one of ordinary skill in the art to include in the integrated patient station of Drapeau, the categorized access levels as taught by Ballantyne and the id map file as taught by Blakley for the same reasons set forth for claim 13.

As per claim 15, Drapeau fails to specifically teach the claimed architecture, **the data routing entity further comprising a switching entity operative to route the authentication request message to the access controller**. Blakley teaches within the middle tier server, the authentication mechanism 126 that passes the user id (functionally an authentication request message) to the credential transformer 124 (see: column 4, lines 55-65). It would have been obvious to one of ordinary skill in the art to include in the integrated patient station of Drapeau, the authentication routing as taught by Blakley for the same reasons set forth for claim 10.

As per claim 16, it is rejected for the same reasons set forth for claim 12.

As per claim 17, it is rejected for the same reasons set forth for claim 12.

As per claim 18, Drapeau teaches the claimed architecture, **the second authentication entity being operative to prevent establishment of a connection for the exchange of data between the delivery point and a subset of the data processing resources other than the subset of the data processing resources with which a connection has been established** (see: paragraph 12).

As per claim 19, Drapeau fails to specifically teach the claimed architecture, **wherein the second authentication entity being operative to prevent establishment of a connection comprises the second authentication entity causing the second switching entity to deny any connections there through which would allow establishment a connection between the end user device and said subset of the data processing resources other than the subset of the data processing resources with which a connection has been established**. Ballantyne

teaches failing to validate an access request resulting in denied access (see: Figure 9A). It would have been obvious to one of ordinary skill in the art to include in the integrated patient station of Drapeau, the denied access as taught by Ballantyne for the same reasons set forth for claim 1.

As per claim 25, it is rejected for the same reasons set forth for claim 14.

As per claim 26, it is rejected for the same reasons set forth for claim 14.

As per claim 27, it is rejected for the same reasons set forth for claim 14.

As per claim 28, it is rejected for the same reasons set forth for claim 13. It is noted that a physician and a nurse are both obvious types of medical personnel.

As per claim 29, it is rejected for the same reasons set forth for claim 13.

6. Claims 22 and 41 are rejected under 35 U.S.C. 103(a) as being unpatentable over US 2004/0068421 to Drapeau in view of US 5,867,821 to Ballantyne and in view of Examiner's Official Notice.

As per claim 22, Drapeau fails to specifically teach the claimed architecture, **wherein the non-healthcare communications services comprise personal video recorder services.** The Examiner Officially Notes that personal video recording was common and well known in the art at the time of the invention. It would have been obvious to one of ordinary skill in the art to include in the integrated patient station of Drapeau, the old and well known practice of recording videos because the claimed invention is merely a combination of old elements, and in the combination, each element merely would have performed the same function as it did separately, and one

of ordinary skill in the art would have recognized that the results of the combination were predictable.

As per claim 41, Drapeau fails to specifically teach the claimed architecture, **wherein the telephony signals are baseband analog telephony signals**. The Examiner Officially Notes that it was old and well known to use analog baseband telephony signals at the time of the invention. It would have been obvious to one of ordinary skill in the art to include in the integrated patient station of Drapeau, the old and well known practice of using baseband analog telephony signals for the same reasons set forth for claim 22.

Response to Arguments

7. Applicant's arguments filed 10/23/2009 have been fully considered but they are not persuasive.

8. In response to the argument that Ballantyne does not teach control access by users to the "health care services" and to the "entertainment service", the Examiner respectfully disagrees. Ballantyne teaches patient access to entertainment services in column 10 and teaches controlled access to health care services in column 7-9. These limitations combined with the limitations taught by Drapeau teach all the limitations of the claim. It would have been obvious to one of ordinary skill in the art to include in the integrated patient station of Drapeau, the patient access to entertainment services and the controlled access as taught by Ballantyne because the claimed invention is merely a combination of old elements, and in the combination, each

element merely would have performed the same function as it did separately, and one of ordinary skill in the art would have recognized that the results of the combination were predictable.

9. In response to the argument that Ballantyne and Drapeau fail to teach "the non-healthcare data processing resources comprise a non-healthcare authentication entity for authenticating users at the delivery points claiming to be non-healthcare users", the Examiner respectfully disagrees. Ballantyne teaches an authentication entity for patients and medical personnel as stated in the rejection. It would have been obvious to use this authentication engine for accessing the non-healthcare data by non-healthcare users because the claimed invention is merely a combination of old elements, and in the combination, each element merely would have performed the same function as it did separately, and one of ordinary skill in the art would have recognized that the results of the combination were predictable.

Conclusion

10. **THIS ACTION IS MADE FINAL.** Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to ANITA MOLINA whose telephone number is (571)270-3614. The examiner can normally be reached on Monday through Friday 8am to 5:30pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Jerry O'Connor can be reached on 571-272-6787. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/A. M./
Examiner, Art Unit 3626
01/06/2009

/Robert Morgan/
Primary Examiner, Art Unit 3626